

ICMJE DISCLOSURE FORM

Date: 1/9/2024

Your Name: Philipp Hoegen-Saßmannshausen

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	
		Physician Scientist Program of the Medical Faculty (University of Heidelberg)	2021-2024
		Click the tab key to add additional rows.	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Dietmar-Hopp-Foundation	Grant for MAESTRO trial (SBRT for hepatic metastases)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		NovoCure GmbH	Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Patrick Naumann

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

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ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Paula Hoffmeister-Wittmann

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

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Your Name: Semi Ben Harrabi

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

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Date: 1/15/2024

Your Name: Katharina Seidensaal

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

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ICMJE DISCLOSURE FORM

Date: 1/8/2024

Your Name: Fabian Weykamp

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Merck Sharp & Dohme	Personal Speaker fee
		Varian Medical Systems	Personal Speaker fee
		AstraZeneca	Personal Speaker fee
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Varian Medical Systems	Personal travel fee
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Thomas Mielke

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

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ICMJE DISCLOSURE FORM

Date: 1/8/2024

Your Name: Ellerbrock, Malte

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJJE DISCLOSURE FORM

Date: 1/8/2024

Your Name: Daniel Habermehl

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Christoph Springfield

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/8/2024

Your Name: Michael T. Dill

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

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Time frame: past 36 months								
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Roche	Honoraria to institution
		Thieme	Honoraria to myself
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		AstraZeneca	Payment to institution
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Eisai	Payment to institution
		AstraZeneca	Payment to institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/8/2024

Your Name: Thomas Longerich

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 1/8/2024

Your Name: Peter Schirmacher

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

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ICMJE DISCLOSURE FORM

Date: 1/10/2024

Your Name: Arianeb Mehrabi

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

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ICMJE DISCLOSURE FORM

Date: 1/8/2024

Your Name: De-Hua Chang

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/8/2024

Your Name: Juliane Hörner-Rieber

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Astra Zeneca	Lecture (NSCLC RT)
		Pfizer Inc.	Lecture (Breast cancer RT)
		ViewRay Inc.	Lecture (MRgRT)
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		ELEKTA Instrument AB	Support for attending meeting + accommodation
		Varian Inc.	Support for attending meeting + accommodation
		IntraOP Medical Inc.	Support for attending meeting + accommodation
		ViewRay Inc.	Support for attending meeting + accommodation
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Sanofi Aventis Germany	Advisory Board
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/15/2024

Your Name: Oliver Jäkel

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/11/2024

Your Name: Thomas Haberer

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/9/2024

Your Name: Stephanie E. Combs

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CureVac]</td> <td style="width: 50%;"> </td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	CureVac]						
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		NOA Board Member	
		DEGRO Board Member]	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/6/2024

Your Name: Jürgen Debus

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Intra OP	Experimental accelerator
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/8/2024

Your Name: Klaus Herfarth

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 1/8/2023

Your Name: Jakob Liermann

Manuscript Title: Carbon ion radiotherapy of hepatocellular carcinoma provides excellent local control: the prospective phase I PROMETHEUS trial

Manuscript Number (if known): JHEPR-D-23-01170

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Raysearch Laboratories: RayCare – Medical Advisory Board Meeting Travel support	2022
		Micropos Medical: Raypilot – Travel support	2024
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